

FILE NOW: FILING FEE IS \$61.25

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Mar 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 722913 (1)
1. Corporation Name
ATLANTIS SHERBROOK VILLAS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
CIATION, INC. 145 ATLANTIS BOULEVARD ATLANTIS FL 33462
CIATION, INC. 145 ATLANTIS BOULEVARD ATLANTIS FL 33462-6612

3. Date Incorporated or Qualified 03/16/1972
3a. Date of Last Report 03/06/1996
4. FEI Number 59-1475295 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
WAGNER, SUSAN
145 ATLANTIS BLVD, PH4
ATLANTIS FL 33462

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GROSSO, SILAS	1.2 NAME	Bill Petersen
STREET ADDRESS	145 ATLANTIS BLVD #401	1.3 STREET ADDRESS	145 Atlantis Blvd. #307
CITY-ST-ZIP	ATLANTIS FL	1.4 CITY-ST-ZIP	Atlantis, FL 33462
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SNIVELY, JOHN	2.2 NAME	
STREET ADDRESS	145 ATLANTIS BLVD, #206	2.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTIS FL	2.4 CITY-ST-ZIP	
TITLE	TSD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAGNER, SUSAN	3.2 NAME	
STREET ADDRESS	145 ATLANTIS BLVD, #PH-4	3.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTIS FL	3.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHMIDTKE, THEODORE C	4.2 NAME	
STREET ADDRESS	145 ATLANTIS BLVD, #407	4.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTIS FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAUCHAT, JAMES	5.2 NAME	
STREET ADDRESS	145 ATLANTIS BLVD. #101	5.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTIS FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATRE, RICHARD	6.2 NAME	
STREET ADDRESS	145 ATLANTIS BLVD #405	6.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTIS FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Susan Wagner *Susan Wagner* Mar 7, 1997 541-966-2051
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0043776

CR2E037 (9/96)